


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90195 002 ***150.00

DOCUMENT # V16734	
1. Entity Name INTERCOASTAL PIZZA, INC.	

Principal Place of Business 2756 NE 18 ST FORT LAUDERDALE, FL 33305 US	Mailing Address 2756 NE 18 ST FORT LAUDERDALE, FL 33305 US
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2. Principal Place of Business - No P.O. Box # 2911 NE 43 ST.	3. Mailing Address 2911 NE 43 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Lauderdale, FL.	City & State Ft. Lauderdale, FL.
Zip 33308	Country USA
Zip 33308	Country USA



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0314220		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAWSON, DOUG 2756 NE 18 ST FORT LAUDERDALE, FL 33305		
7. Name and Address of New Registered Agent Name William Dawson Street Address (P.O. Box Number is Not Acceptable) 2911 NE 43 ST. City Ft. Lauderdale FL Zip Code 33308		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William B Dawson* L DATE 4-17-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE DOUG DAWSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUG DAWSON		NAME	
STREET ADDRESS 2756 NE 18 ST		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 33305		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE WILLIAM DAWSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAM DAWSON		NAME	
STREET ADDRESS 2911 N.E. 43RD ST.		STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE, FL 33308		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William B Dawson* 4-17-07 (954) 3907251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #